

#### The Commonwealth of Massachusetts

#### **Division of Professional Licensure**

239 Causeway Street Boston, MA 02114

www.mass.gov/dpl/boards/hi/index.htm

# Board of Registration of Home Inspectors (617) 727-0131

BOARD USE ONLY  Ex. Date  Ex. Result  Cert. Date				-	Application for Home Inspector License							Home Inspector Fee \$338.00  Attach certified CHECK or MONEY ORDER payable to the Commonwealth of MA. DO NOT SEND CASH																
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	Home	Inspector	· Application	n
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1.	List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.
2.	Has any disciplinary action been taken against you by a licensing/certification board located in the United States, any country or foreign jurisdiction? Yes No If yes, please state the details (use a separate sheet if necessary):
3.	Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes No If yes, please state the details (use a separate sheet if necessary):
4.	Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes No If yes, please state the details (use a separate sheet if necessary):
5.	Have you ever applied for and been denied a professional license in the United States or any country of foreign jurisdiction? Yes No If yes, please state the details (use a separate sheet if necessary):
6.	Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes No If yes, please state the details (use a separate sheet if necessary):  *The Board is certified by the Criminal History Systems Board (ID# MAREG G) to access data about convictions and pending criminal cases. Those records –and other Federal and professional records—may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.*
1	being duly sworn says that he is the person who is referred to in this application for certificate as licensed Home Inspector or Associate Home Inspector, in the State of Massachusett that the statements herein contained are strictly true in every respect and that he has complied with all requirements of law.
	(Signature of Applicant)
	day of 19 (Seal) s/ (Person Administering Oath)

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Division of Professional Licensure, Board of Registration of Home Inspectors in Massachusetts to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to M.G.L.C.62C, s. 49A., to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxed required by law.

(Signature)	Date:	
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	For Office Use Only	
	Fee Paid	
	Receipt No.	



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#### **Associate and Permanent License Application**

#### HOME INSPECTOR SUPERVISION VERIFICATION

Make copies and use more than one sheet if necessary. All signatures must be original. Pursuant to M.G.L 146 all statements made are subject to the penalties of perjury.

Name of Applicant		
Name of Employer		
Employer's AddressNo. Street	City/Town State	e Zip
Employed Month Day Year	Month Day Year	Years
Signature of Licensed Home Inspector	MA License Number	Date

Please attach a copy of the mandatory \$250,000 of errors and omissions insurance.



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## Associate Inspector Home Inspections List

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Name of Applica	nt				
	Please 1	List 100 home Ins	spections you	have performed	

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